

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

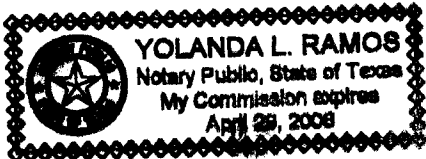
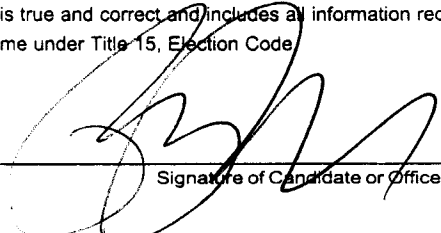
## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>9</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>BOBBY</b>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <b>PEREZ</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>327 E. HUISACHE SAN ANTONIO TX 78212</b>					Date Received	
<input type="checkbox"/> Change of Address						Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(210)</b>	PHONE NUMBER <b>734-8231</b>	EXTENSION	Receipt # Amount			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>KEVIN</b>	MI	Date Processed			
	NICKNAME	LAST <b>MESSINGER</b>	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>ROJERS WOOD SAN ANTONIO TX</b>						
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(210)</b>	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year <b>7 / 1 / 04</b> THROUGH <b>12 / 31 / 04</b> Month Day Year						
11 ELECTION	ELECTION DATE Month Day Year <b>NA</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <b>NA</b> <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <b>NA</b>		13 OFFICE SOUGHT (if known) <b>NA</b>				
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **						
	Name <b>NONE</b>						
	Address / PO Box; Apt. / Suite #; City; State; Zip Code <b>NA</b>						
<input type="checkbox"/> additional pages							
GO TO PAGE 2							

 RECEIVED  
CITY OF SAN ANTONIO  
2005 JAN 18 P 3:33

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>Robby Perez</u>		<b>16 ACCOUNT #</b> (Ethics Commission filers)	
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	<small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small>		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
	<b>COMMITTEE ADDRESS</b>		
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
<b>18 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>	<b>\$</b> <u>0</u>	
<b>EXPENDITURE TOTALS</b>	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	<b>\$</b> <u>0</u>	
<b>CONTRIBUTION BALANCE</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</b>	<b>\$</b> <u>0</u>	
<b>OUTSTANDING LOAN TOTALS</b>	<b>4. TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b> <u>9959<sup>93</sup></u>	
<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	<b>\$</b> <u>0</u>		
<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	<b>\$</b> <u>0</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  <p><b>19 AFFIDAVIT</b></p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: center;">             Signature of Candidate or Officeholder         </p> <p>Sworn to and subscribed before me, by the said <u>Robert J. Perez</u>, this the <u>18<sup>th</sup></u> day of <u>JANUARY</u>, 20<u>09</u>, to certify which, witness my hand and seal of office.</p> <p> <u>Yolanda L. Ramos</u>      <u>Yolanda L. Ramos</u>      <u>Notary Public</u>            Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath         </p> </div> </div>			

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1/1

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Justin Rodriguez

6 Payee address; City: State: Zip Code

3/23/04

15 E. Travis #314 San Antonio TX 78205

7 Amount (\$)

250<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Contribution

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

San Antonio Hispanic Chamber of Commerce

Payee address; City: State: Zip Code

5/14/04

318 W. Houston St San Antonio, TX 78205

Amount (\$)

500<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Contribution to Education Training Initiative

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Chip Haass

Payee address; City: State: Zip Code

5/28/04

10008 839966 San Antonio, TX 78283

Amount (\$)

500<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Campaign Contribution

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alice Salas Cortes

Payee address; City: State: Zip Code

6/9/04

442 Mary Louise San Antonio, TX 78201

Amount (\$)

600<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

Coke Expenses for event

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
CITY OF SAN ANTONIO  
Clerk

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 P 3:33

1 Total pages Schedule F:

2/7

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Sign Tech

7 Amount (\$)

6 Payee address;

City: State: Zip Code

2/18/04

14539 County Road 281 San Antonio, TX

\$ 916.00

8 Purpose of payment (See instructions regarding type of information required.)

In kind contribution to provide Polanco Gutierrez

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

San Antonio Livestock Exposition

Amount (\$)

Payee address;

City: State: Zip Code

2/19/04

San Antonio, TX

\$ 200.00

Purpose of payment (See instructions regarding type of information required.)

Contribution for Student Scholarships

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

St. Francis Church

Amount (\$)

Payee address;

City: State: Zip Code

2/21/04

121 Centennial San Antonio, TX 78211

100.00

Purpose of payment (See instructions regarding type of information required.)

Donation to St. Francis Church Fund

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Joe Garza Campaign

Amount (\$)

Payee address;

City: State: Zip Code

3/9/04

San Antonio, TX 78209

2500.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Contributions

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

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CITY CLERK

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1 Total pages Schedule F:

3/7

2 FILER NAME

*Bobby Perez*

2005 JAN 18 P 3:33

ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

*Tacala Restaurant*

7 Amount (\$)

6 Payee address; City; State; Zip Code

*6/15/04*

*606 West Avenue San Antonio TX 78201*

*222.93*

8 Purpose of payment (See instructions regarding type of information required.)

*Event expenses for former State Representative*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

*Rox Soria*

Amount (\$)

Payee address; City; State; Zip Code

*6/25/04*

*PO Box 839966 San Antonio, TX 78283*

*300.00*

Purpose of payment (See instructions regarding type of information required.)

*Political Contribution*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

*LA Trinidad United Methodist Church*

Amount (\$)

Payee address; City; State; Zip Code

*7/2*

*1601 So Pecos San Antonio TX 78205*

*40.00*

Purpose of payment (See instructions regarding type of information required.)

*Contr. bution to youth event*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

*John Kerry Campaign*

Amount (\$)

Payee address; City; State; Zip Code

*7/22/04*

*700 Rio Grande Austin TX 78701*

*750.00*

Purpose of payment (See instructions regarding type of information required.)

*Campaign Contribution*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 P 3:34

1 Total pages Schedule F:

4/7

2 FILER NAME

Bobby PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

John Kerry

6 Payee address;

City; State; Zip Code

7

Amount  
(\$)

7/24/04

701 Pro Grande Austin TX 78701

500<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Contribution

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Holmes High School

Payee address;

City; State; Zip Code

Amount  
(\$)

8/1/04

6500 Ingram Rd San Antonio, TX

95<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

In-kind Contribution for Council  
Printing Expenses for Football Program9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

John Marshall High School

Payee address;

City; State; Zip Code

Amount  
(\$)

8/4/04

8000 Cobo Ln. San Antonio, TX

125<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

In-kind contribution for C. Lee  
(Advertising)9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Jefferson High School

Payee address;

City; State; Zip Code

Amount  
(\$)

8/4/04

100 Donaldson Ave San Antonio TX 78201

150<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

In-kind Contribution for C. Lee  
(Advertising)9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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## POLITICAL EXPENDITURES

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## SCHEDULE F

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2005 JAN 18 P 3:33

Total pages Schedule F:

5/7

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Henry Cuellar

7 Amount (\$)

6 Payee address;

City; State; Zip Code

8/11/04

1149 E Commerce #210 San Antonio TX 78212

1000.00

8 Purpose of payment (See instructions regarding type of information required.)

Political Contribution

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Ken Salazar

Amount (\$)

Payee address;

City; State; Zip Code

9/21/04

U.S. Senate B910A Dirksen Senate Building Washington DC 20510

500.00

Purpose of payment (See instructions regarding type of information required.)

Political Contribution

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alex Paez

Amount (\$)

Payee address;

City; State; Zip Code

10/14/04

2000 Spring St. Los Angeles California 90012

500.00

Purpose of payment (See instructions regarding type of information required.)

Political Contribution

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Internal Revenue Service

Amount (\$)

Payee address;

City; State; Zip Code

10/14/04

Austin TX

611.00

Purpose of payment (See instructions regarding type of information required.)

Payment on interest loan on account for 2002

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 P 3:33

Total pages Schedule F:

6/7

**2 FILER NAME**

Bobby Perez

**3 ACCOUNT #** (Ethics Commission filers)**4 Date**

10/21

**5 Payee name**

Mexican American Bn Association

**6 Payee address;**

City: State: Zip Code

San Antonio TX

**7 Amount (\$)**

150.00

**8 Purpose of payment** (See instructions regarding type of information required.)

Scholarship fundraiser

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**

10/30/04

**Payee name**

Jimmy Willborn

**Payee address;**

City: State: Zip Code

6715 BANDERA RD San Antonio TX

**Amount (\$)**

100.00

**Purpose of payment** (See instructions regarding type of information required.)

Political Contribution

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**

10/30/04

**Payee name**

La Trinitad Methodist Church

**Payee address;**

City: State: Zip Code

1101 S. Peas San Antonio TX

**Amount (\$)**

40.00

**Purpose of payment** (See instructions regarding type of information required.)

Youth fundraiser

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**Date**

11/1/04

**Payee name**

For San Houston Memorial Services

**Payee address;**

City: State: Zip Code

San Antonio, TX

**Amount (\$)**

350.00

**Purpose of payment** (See instructions regarding type of information required.)

to defray expenses of Hays for Veterans' events

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# POLITICAL EXPENDITURES

## SCHEDULE F

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CITY CLERK

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2 FILER NAME

*Bobby Perez*

2005 JAN 18 P 3:33

1 Total pages Schedule F:

*7/7*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

*Ric. Gomez - Campaign*

6 Payee address;

City; State; Zip Code

*11/10/04*

*1,200 Band St. 6 Middleton, TX 78501*

7 Amount (\$)

*750.00*

8 Purpose of payment (See instructions regarding type of information required.)

*Political Contribution*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

*Ed. Gomez - Campaign*

Payee address;

City; State; Zip Code

Amount (\$)

*11/18/04*

*P.O. Box 837466 San Antonio, TX 78283*

*\$1000.00*

Purpose of payment (See instructions regarding type of information required.)

*Political Contribution*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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